## **EVMS MEDICAL GROUP**

## ACCESS TO PROTECTED HEALTH INFORMATION - REQUEST FORM

## **REQUEST SECTION**

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request the opportunity to inspect and/or obtain a copy of your protected health information for as long as the information is maintained by EVMS Medical Group. We will evaluate your request and will either grant it or explain the reason why the request will not be granted. If access is denied on grounds subject to review, you may request that the decision be reviewed by someone other than the person who originally denied the request.

I,	(print name) hereby request:		
access to; and/or a copy of the following he maintained at:	T.	,	•
	Department/Clinic		
Patient's Date of Birth or SSN	:		
Signature		Date	
Personal Representative of Patient:			
		Signature	Date
REVIEW SECTION This sect	(Office use only) tion is to be completed by the  Request Reviewed by:	reviewer:  Date patient	notified:
Dute Request Received.	request reviewed sy.	Dute patient	
Request Received by:	Date of Request Review:	Person notify	ing patient:
The above request is hereby:  Granted; Appointment time/date: with			

Revised 4/2013 Page 1 of 1